Image# 15951383439 PAGE 1 / 20

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

For	Other Than An Au	thorized Committ	ee		Office Use Only
NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5	
American Health Care As	ssociation Politica	I Action Commit	tee		
ADDRESS (number and street)	1201 L Street, NW				
Check if different					
than previously reported. (ACC)	Washington			DC	20005
2. FEC IDENTIFICATION NUMBER	BER ▼ C	ITY 🛦	S	STATE A	ZIP CODE ▲
C C00006080			NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Ma	ar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Ap	or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12)		General (
October 15 Quarterly Report (Q3)	Report for the:	Convention	(12C)	Special (12S)
January 31 Year-End Report (YE)	Elect	ion on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30	G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		ion on	D = D /	Y	in the State of
5. Covering Period 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M M	/ D D /	2015
I certify that I have examined this F	Report and to the best of	of my knowledge and	belief it is true	e, correct and	d complete.
Type or Print Name of Treasurer	Mr. Michael Wylie				
Signature of Treasurer Mr. Mich	ael Wylie	[Electronical	ly Filed] Da	ate 05	18 / 2015
NOTE: Submission of false, erroneous	s, or incomplete informati	on may subject the per	son signing thi	s Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 04 01 2015 To: 04 30 2015

		COLUMN A This Period					
6.	(a) Cash on Hand January 1, 2015		213354.30				
	(b) Cash on Hand at Beginning of Reporting Period	261760.20					
	(c) Total Receipts (from Line 19)	12552.32	268049.74				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	274312.52	481404.04				
7.	Total Disbursements (from Line 31)	26352.62	233444.14				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	247959.90	247959.90				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

I. Receipts	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	44000.04	249206 50
(i) Itemized (use Schedule A)	11329.24	248206.50
(ii) Unitemized	, 1223.08	10843.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	12552.32	259049.74
(1) P. III. I P. I. O. III.	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(such as PACs)	7	3000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	12552.32	264049.74
Totals to Line 33, page 5)	12332.32	204043.14
. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	4000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Loviii i unuo (nom ochedule 110)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	12552.32	268049.74
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	12552.32	268049.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	ursements COLUMN A Total This Period					
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10.001 11110 1 01100	Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) N 5 1 101	0.00	0.00				
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00				
Expenditures	1352.62	5944.14				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))▶	1352.62	5944.14				
Transfers to Affiliated/Other Party		0.00				
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	22500.00	220000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other						
Than Political Committees	2500.00	7500.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	2500.00	7500.00				
Other Disbursements	0.00	0.00				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(ii) Levin Share(b) Federal Election Activity Paid Entirely						
With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add						
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26352.62	233444.14				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	26352.62	233444.14				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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III. Net Contributions/Operating Expenditures						
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12552.32	264049.74				
4. Total Contribution Refunds (from Line 28(d))	2500.00	7500.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10052.32	256549.74				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1352.62	5944.14				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1352.62	5944.14				

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

20

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Heath Boddy Date of Receipt Mailing Address 2201 N 98th Street 04 2015 City State Zip Code Transaction ID: C2986104 ΝE Lincoln 68505 Amount of Each Receipt this Period FEC ID number of contributing C 87.50 federal political committee. Name of Employer Occupation Nebraska Health Care Association State Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steve Boymel Date of Receipt Mailing Address 12100 Reed Hartman Highway 04 28 2015 City State Zip Code Transaction ID: C2993696 OH Cincinnati 45241-6036 Amount of Each Receipt this Period FEC ID number of contributing 1100.00 federal political committee. Name of Employer Occupation **Brookwood Retirement Community** Owner/Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joanne E Erickson Date of Receipt Mailing Address 911 S Randolph St 2015 04 28 City Zip Code State Transaction ID: C2993702 Arlington VA 22204-1564 Amount of Each Receipt this Period FEC ID number of contributing 86.96 С federal political committee. Name of Employer Occupation Senior Director American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$43.48 Bi-Weekly 217.36 Other (specify) 1274.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	7	OF	20
	(che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Health Care Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Teresa Eyet		Date of Receipt
Mailing Address 10009 Dallas Ave		04 28 2015
City	State Zip Code	Transaction ID : C2993703
Takoma Park	MD 20901-2240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	101.74
Name of Employer	Occupation	
American Health Care Association	Director, Education	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.48	* Payroll Deduction: \$50.87 Bi-Weekly
Full Name (Last, First, Middle Initial) Peggy Fairbanks		Date of Receipt
Mailing Address 19915 Nina Street		M = M / D = D / Y = Y = Y
City	State Zip Code	04 07 2015
Omaha	NE 68130	Transaction ID : C2980848 Amount of Each Receipt this Period
		anount of Each neceipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Vetter Health Services	RN - Leadership Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David Gifford		Date of Receipt
Mailing Address 81 Kenyon Ave		04 22 2015
City	State Zip Code	Transaction ID : C2989776
East Greenwich	RI 02818-2905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
American Health Care Association	Sr VP, Quality & Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	>	1351.74
TOTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FO	R LINE	PAGE		8	OF		20			
(check only one)										
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	13		14		15		16	;		17

NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) James H. Gomez Mailing Address 2201 K St	Date of Receipt	
		04 07 2015
City Sacramento	State Zip Code CA 95816-4922	Transaction ID : C2980850
FEC ID number of contributing federal political committee.	C 93010-4922	Amount of Each Receipt this Period 250.00
Name of Employer CA Association of Health Facilities	Occupation CEO/President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Amanda Johnson		Date of Receipt
Mailing Address 408 W 6th St.	04 28 2015	
City Morris	State Zip Code MN 56267	Transaction ID : C2993691 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tealwood Care Centers	Occupation VP Clinical Operations	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 5 Greenview Ter		04 20 _ 2015 _
City Middletown	State Zip Code CT 06457	Transaction ID : C2988399 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Revera Health Systems, Inc.	President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

Use separate schedule(s) for each category of the Detailed Summary Page

							PAGE	9	OF	20
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) David A Kyllo Date of Receipt Mailing Address 4621 28th Road South 04 2015 28 City State Zip Code Transaction ID: C2993707 VA Arlington 22206 Amount of Each Receipt this Period FEC ID number of contributing C 217.40 federal political committee. Name of Employer Occupation **Executive Director** National Center for Assisted Living Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$108.70 Bi-Weekly 543.40 Other (specify) Full Name (Last, First, Middle Initial) B. Meg LaPorte Date of Receipt Mailing Address 7708 Meadow Lane 04 28 2015 City State Zip Code Transaction ID: C2993708 Chevy Chase MD 20815 Amount of Each Receipt this Period FEC ID number of contributing 156.52 federal political committee. Name of Employer Occupation AHCA/NCAL Senior Policy Director Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$78.26 Bi-Weekly 327.62 Other (specify) Full Name (Last, First, Middle Initial) c. Renee Lynn Naylor Date of Receipt Mailing Address 3155 River Road South 2015 04 15 Suite 100 City State Zip Code Transaction ID: C2984062 OR Salem 97304

			Т			_	_	_	_		87:	3.92	T
SUBTOTAL of Receipts This Page (optional)			Ь	-	-	7	-	-	7	-		3.92	_
TOTAL This Period (last page this line number	only)	•		4	_	7	_	_	7	_			_

500.00

C

Occupation

VP, Disability Services

Aggregate Year-to-Date ▼

500.00

Amount of Each Receipt this Period

FEC ID number of contributing

General

federal political committee.

Name of Employer

Primary

Receipt For:

Westcare Management

Other (specify)

_	R LINE	_	PAGE	1	0 OF	20	
(ch	eck only	one)					
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NAME OF COMMITTEE (In Full)

American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) A. Gail M. Polanski		Date of Receipt
Mailing Address 5562 Coachmans Lane		04 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hamburg	State Zip Code NY 14075	Transaction ID : C2982660 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Tara Cares Receipt For:	Occupation SVP Clinical Services Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Clifton Porter		Date of Receipt
Mailing Address 3929 Azalea Court City	State Zip Code	04 28 2015
Maumee	OH 43537	Transaction ID : C2993710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.62
Name of Employer American Health Care Association	Occupation SVP Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.48	* Payroll Deduction: \$192.31 Bi-Weekly
Full Name (Last, First, Middle Initial) Melbane Pruitt		Date of Receipt
Mailing Address 1626 Jeurgens Ct		04 08 2015
City Norcross	State Zip Code GA 30093	Transaction ID : C3001701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1666.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3332.00	
SUBTOTAL of Receipts This Page (optional)	•	2350.62
TOTAL This Period (last page this line numbe	r only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Neil L. Pruitt Jr. Date of Receipt Mailing Address 1626 Jeurgens Ct 04 80 2015 City State Zip Code Transaction ID: C3001700 30093 GΑ Norcross Amount of Each Receipt this Period FEC ID number of contributing C 1666.00 federal political committee. Name of Employer Occupation Pruitt Health President Receipt For: Aggregate Year-to-Date ▼ Primary General 3332.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tara Roberts Date of Receipt Mailing Address 269 Harders Crossing Blvd 04 19 2015 City State Zip Code Transaction ID: C2987443 Shreveport LA 71106-8526 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee.

Name of Employer Nexion Health Management Inc Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation VP of Rehab and Wound Care Srvc Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. James Romano Mailing Address 26 Island Park Road City Ipswich	State Zip Code MA 01938	Date of Receipt 04 22 2015 Transaction ID: C2990336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Essex Group Management Corp Receipt For: Primary General Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 250.00	250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2166.00

Use separate schedule(s) for each category of the Detailed Summary Page

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(ch	eck only	one)					
>	1 1a	11b		11c	12		
	13	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) James W. Unverferth Date of Receipt Mailing Address 1100 Shawnee Rd 04 2015 10 City Zip Code State Transaction ID : C3001702 OH Lima 45805-3529 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation President & CEO HCF Management, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Yrene Waldron Date of Receipt Mailing Address 2621 Majestic Drive 04 07 2015 City State Zip Code Transaction ID: C2981272 DE Wilmington 19810 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation DE Healthcare Facilities Association **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Michael Wylie Date of Receipt Mailing Address 205 Fairview Road 2015 04 03 City State Zip Code Transaction ID: C2981675 PΑ Clarks Green 18411 Amount of Each Receipt this Period FEC ID number of contributing 312.50 С federal political committee. Name of Employer Occupation VP Development Genesis Healthcare Receipt For: Aggregate Year-to-Date ▼

312.50

Primary

Other (specify)

General

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF			PAGE 13 OF 20			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check o	nly one)					
	Detailed Summary Page	X 21		23	24 25 26			
	, ,	27		28b	28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
American Health Care Association	Political Action Cor	nmittee						
Full Name (Last, First, Middle Initial)								
A. American Express			Date o	Date of Disbursement				
Mailing Address PO Box 53773			04	10	2015			
,	State Zip Code		Trans	saction ID :	D165997			
Phoenix Purpose of Disbursement	AZ 85072-3773							
Credit Card Processing Fees			Amoun	t of Each D	Disbursement this Period			
Candidate Name		Category/ Type			106.62			
Senate	ment For: Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. American Express			Date o	f Disbursen	nent			
Mailing Address PO Box 53773			04	17				
City Phoenix	State Zip Code AZ 85072-3773		Transaction ID : D165998		D165998			
Purpose of Disbursement Credit Card Processing Fees			Amoun	t of Each D	Disbursement this Period			
Candidate Name		Category/ Type		. ,	2.40			
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial) C. American Express			Date o	f Disbursen	nent			
Mailing Address PO Box 53773			04	21	2015			
City Phoenix	State Zip Code AZ 85072-3773		Trans	saction ID :	D165999			
Purpose of Disbursement Credit Card Processing Fees	7.2 03072 3773		ī					
Candidate Name		Category/ Type	Amoun	Disbursement this Period 8.00				
Senate President	ment For: Primary General Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)					117.02			

S 17

S	CHEDULE B (FEC Form 3X)			FOD : 11:15	NUMBER: PAGE 14 OF 20					
	EMIZED DISBURSEMENTS		ate schedule(s)	FOR LINE (check only	NOMBELL.					
П	EINITED DISDOUSEMENTS		ategory of the	X 21b	22 23 24 25 26					
		Detailed S	Summary Page	27	28a 28b 28c 29 30k					
Δ,	ny information copied from such Reports and Staten	nents may n	nt he sold or us	sed by any nerso	on for the nurpose of soliciting contributions					
or	for commercial purposes, other than using the nam	ne and addre	ess of any politic	cal committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)									
$ \rangle$	American Health Care Association	Political	Action Cor	mmittee						
V	,oncarr routin out o / toootiation	. Unitioal	, 1011011 001							
_	Full Name (Last, First, Middle Initial)									
Α.	American Express				Date of Disbursement					
	·				04 22 7 2015					
	Mailing Address PO Box 53773									
	City	Stata	Zin Codo							
	City S Phoenix	State AZ	Zip Code 85072-3773		Transaction ID : D166000					
	Purpose of Disbursement	, _	00012-0110							
	Credit Card Processing Fees				Amount of Each Disbursement this Period					
	Candidate Name			Catagony						
				Category/ Type	32.00					
	Office Sought: House Disbursen	nent For:		71	,					
	Senate	Primary	General							
	President	Other (speci	ify) 🔻							
	State: District:									
	Full Name (Last, First, Middle Initial)									
В.	American Express				Date of Disbursement					
					M = M / D = D / Y = Y = Y					
	Mailing Address PO Box 53773				04 29 2015					
			- · ·							
	•	State	Zip Code		Transaction ID : D166001					
	Phoenix Purpose of Disbursement	AZ	85072-3773							
	Credit Card Processing Fees				Amount of Each Disbursement this Period					
	Candidate Name									
				Category/ Type	0.80					
	Office Sought: House Disbursen	nent For:		.71	,					
		Primary	General							
	President	Other (speci	fy) 🔻							
	State: District:									
_	Full Name (Last, First, Middle Initial)									
C.	BB&T Merchant Services				Date of Disbursement					
					M M / D D / Y Y Y Y					
	Mailing Address PO Box 200				04 15 2015					
	011	<u> </u>	7: 0 :							
		State NC	Zip Code 27894-0200		Transaction ID : D165996					
	Wilson Purpose of Disbursement	140	21034-0200							
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SCHEDULE B (FEC Form 3X)	11	FOR LINE I	NUMBER:	PAGE 16 OF 20					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oneon only one)							
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b					
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or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
American Health Care Association	n Political Action Com	mittee							
Full Name (Last, First, Middle Initial)			Data of Diahuraa						
A. Bluegrass Committee		Date of Disbursement							
Mailing Address 400 N Capitol St NW #585			04 10 2015						
City	State Zip Code		Transaction ID : D	165420					
Washington	DC 20001		Transaction ID: D	165429					
Purpose of Disbursement Voided Check-Orig Issued on 12/08/2014			Amount of Each Disl	oursement this Period					
Candidate Name		Category/ Type		-2500.00					
Office Sought: House Disbursi	ement For: Primary General								
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)									
B. LOBO PAC			Date of Disbursemen						
Mailing Address P.O. Box 492			04 13 2015						
City Albuquerque	State Zip Code NM 87103		Transaction ID : D	165431					
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type		5000.00					
Office Sought: House Disburse	ement For:	.,,,,							
Senate	Primary General								
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
C. LONE STAR LEADERSHIP PAC			Date of Disbursemer						
Mailing Address 7315 Wisconsin Avenue Suite 310 East			04 / 27	2015					
City	State Zip Code		Transaction ID : D	165655					
Bethesda Purpose of Disbursement	MD 20814								
Contribution			Amount of Each Disl	oursement this Period					
Candidate Name		Category/ Type		5000.00					
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NAME OF COMMITTEE (In Full)												
American Health Care Associated	ciation Political Action C	Committee										
Full Name (Last, First, Middle Initial)												
A. MODERATE DEMOCRATS	PAC		Date of Disbursement									
Mailing Address 400 0 OTDEET NE			M M / D D / Y Y Y Y									
Mailing Address 426 C STREET NE			04 08 2015									
City	State Zip Code											
Washington	DC 20002		Transaction ID : D165358									
Purpose of Disbursement												
Contribution		11 1	Amount of Each Disbursement this Period									
Candidate Name		Category/	5000.00									
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Mailing Address 471 Birchington Lane			04 20 2015									
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City	State Zip Code		Transaction ID : D165527									
Melbourne	FL 32940		Transaction ib . b 103321									
Purpose of Disbursement Contribution			Assessed of Feel Bishonson and this Bestel									
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President	Other (specify)											
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C. CHARLES BOUSTANY JR.	MD FOR CONGRESS.	INC.	Date of Disbursement									
			M M / D D / Y Y Y Y									
Mailing Address PO Box 80126			04 20 2015									
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City Lafavette	State Zip Code LA 70598		Transaction ID : D165526									
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Contribution			Amount of Each Disbursement this Period									
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Rep. Charles Boustany Jr.		Type	2500.00									
Office Sought: House	Disbursement For: 2016		, , , , , , , , , , , , , , , , , , , ,									
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State: LA District: 03												
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/Full Name (Last, First, Middle Initial)										—	—	—	
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Mailing Address PO BOX 1574							04		20)	2	2015	
City		State	Zip Code										
GIG HARBOR	`	WA	98335				Trans	sacti	on ID	: D165	525		
Purpose of Disbursement					-	_							
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President		Other (spe											
State: WA District: 06		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3, 4										
Full Name (Last, First, Middle Initial)													
B. JIM RENACCI FOR CON	NGRESS						Date o	f Dis	burse	ment			
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Mailing Address 150 Smokerise Driv	re						04 13 2015						
City		State	Zip Code				Transaction ID D405400						
Wadsworth	`	OH	44281	Tra				Transaction ID : D165430					
Purpose of Disbursement					-	\neg	1						
Contribution						Amount of Each			Each	h Disbursement this Period			
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Rep. James B. Renacci Office Sought: House	Dishurser	nent For:	2016	I.	уре				,		,		
Senate		Primary	General										
President		Other (spe	ecify) 🔻										
State: OH District: 16													
Full Name (Last, First, Middle Initial)													
C. FRIENDS OF JOE HECK	(Date o	f Dis	burse	ment			
Mailing Address DO Day 750444							м = м 04	/	20			2015	Υ
Mailing Address PO Box 750114							04	-	20	,		.015	
City	(State	Zip Code				T	4!	ID	- D464			
Las Vegas		NV	89136				irans	sacti	טו חס	: D165	0000		
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Rep. Joe Heck					egory	y/	Г.					1000	0.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OF 20			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:			
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or for commercial purposes, other than using the name	ne and address of any polition	cal committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)		•				
American Health Care Association	Political Action Cor	nmittee				
Full Name (Last, First, Middle Initial)						
A. FRIENDS OF PAT TOOMEY			Date of Disbursement			
Mailing Address 228 S. Washington Street			04 08 2015			
Suite 115			04 00 2013			
City	State Zip Code		Transaction ID : D165357			
Alexandria	VA 22314		Transaction ID: D165357			
Purpose of Disbursement Contribution			Amount of Fools District and this David			
Candidate Name			Amount of Each Disbursement this Period			
Sen. Patrick J. Toomey		Category/ Type	2500.00			
	nent For: 2016	Турс				
X Senate	Primary General					
President	Other (specify) ▼					
State: PA District:						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
3.						
Mailing Address			M M / D D / Y Y Y Y			
City	State Zip Code					
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Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name		Catagony				
		Category/ Type				
Office Sought: House Disburser	nent For:					
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
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Mailing Address						
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Purpose of Disbursement						
Candidate Name		Amount of Each Disbursement this Period				
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Office Sought: House Disburser	nent For:	. , , pc				
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SCHEDULE B (FEC Form 3X)		T FOR LINE	NUMBER: PAGE 20 OF 20						
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NAME OF COMMITTEE (In Full)									
American Health Care Association	Political Action Com	nmittee							
Full Name (Last, First, Middle Initial)		1							
4. Healthmark Services, Inc.		Date of Disbursement							
			M M / D D / Y Y Y Y						
Mailing Address 217 Lakewood Road			04 01 2015						
City	State 7in Carla								
City S Van Buren	State Zip Code AR 72956		Transaction ID : D165221						
Purpose of Disbursement	12930								
Refund of 3/27/2015 Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	2502.00						
		Type	2500.00						
Office Sought: House Disburser									
Senate President	Other (specify) —								
State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
3.			Date of Disbursement						
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Office Sought: House Disburser									
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State: District:	Caron (opcomy)								
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